

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>NINA SHAHIN, CPA</b>	COURT CASE NUMBER <b>Civ. No. 06-289-GMS</b>
DEFENDANT <b>STATE OF DELAWARE, DEPARTMENT OF FINANCE</b>	TYPE OF PROCESS <b>OC</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>CARL C. DANBERG, ATTORNEY GENERAL OF THE STATE OF DELAWARE</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>820 N. FRENCH ST., WILMINGTON, DE 19801</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**NINA SHAHIN, CPA**  
**103 SHINNECOCK RD.**  
**DOVER, DE 19904**

Number of process to be  
served with this Form - 285**1**Number of parties to be  
served in this case**2**Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

**PAUPER CASE**

number of people being sued - 2

all state offices  
to be served are  
located in Carvel  
Bldg.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANTTELEPHONE NUMBER  
**(302) 678-1805**DATE  
**08/04/2006****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin  
No. **15**District  
to Serve  
No. **15**

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Keith Brady, Asst. St. Sec.**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
**8/25/06**Time  
am  
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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**FILED****AUG 29 2006**U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

REMARKS: